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CONFIRMATION NO. 2780

SERIAL NUMBER 09/970,477	FILING OR 371(c) DATE 10/04/2001 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 2629-4005US4
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/210,168 12/11/1998 PAT 6,355,424
 which claims benefit of 60/082,167 04/17/1998
 and claims benefit of 60/070,486 01/05/1998
 and claims benefit of 60/069,426 12/12/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/07/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature _____ Initials _____
STATE OR COUNTRY	MD
SHEETS DRAWING	7
TOTAL CLAIMS	5
INDEPENDENT CLAIMS	5

ADDRESS

27123

TITLE

ASSESSMENT OF HUMAN PAPILLOMA VIRUS-RELATED DISEASE

FILING FEE RECEIVED 1454	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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